

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 Day
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Samuel Johnson Walker, Jr.

3. (b) If veteran, name war World War 2 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... May 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 0 10 hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation U. S. Army

11. Industry or business Army Air Force

12. Name Samuel J. Walker

13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ware

15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel J. Walker

(b) Address 3 So. Green Bay Rd., Lake Forrest

17. (a) Cremation (b) Date thereof May 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd

19. (a) MAY 29, 1944 (b) J. F. Brederick
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Lake
(c) City or town Lake Forrest
(If outside city or town limits, write "RURAL")
(d) Street No. 3 So. Green Bay Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from ruptured spleen & pneumonia

Ruptured spleen when the

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ruptured spleen when the

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence May 27, 1944

(c) Where did injury occur? Auto (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Place

While at work? no (Specify type of place) (e) Means of injury Auto

23. Signature Alfred J. Perry (M. D. or other)

Address Public Place Date signed 5/29/44

No Embalming

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

Merville S. Holwetter

Licensed Embalmer No. *3694*

P. O. Address *416 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.